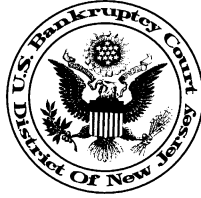


UNITED STATES BANKRUPTCY COURT
District of New Jersey



REQUEST FOR CLAIMS REGISTER

TO: Deputy Clerk

Please provide the undersigned with a claims register for the case listed below.

_____ I have included an attorney/business check "not to exceed \$5.00" and a self-addressed, stamped envelope.

_____ I am a Pro Se party. Please call me so I may make arrangements to pay the copy fee.

Debtor's Name: _____

Case No.: _____

Your name: _____

Company/Law Firm: _____

Address: _____

Telephone No.: _____

A copy of this form and the
requested claims register was
forwarded to the above party via:

_____ Regular mail

_____ In person

The copy fee for this request is: _____

Deputy Clerk's initials: _____

Date: _____